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7

# Trends in treated problem opiate use in Ireland, 2002 to 2007

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National Drug Treatment Reporting System

## Contents



## Summary

The data presented in this paper describe trends in treated problem opiate use in Ireland between 2002 and 2007. The paper describes treated problem opiate use in relation to person, place and time. The analysis presented is based on data reported to the National Drug Treatment Reporting System (NDTRS). It is important to note that the NDTRS collects data on episodes of treatment in a calendar year, rather than on the individual person treated. This means that individuals may appear in the figures more than once if they receive treatment at more than one centre, or at the same centre more than once per year.

The main findings and their implications are:

In 2007, 11,538 cases were treated for problem opiate use, of whom 66% were cases continuing in methadone treatment from the preceding calendar year and carried forward on 1 January 2007. The number of cases carried forward increased by 36% in the reporting period. During the lifetime of the National Drugs Strategy (2001–2007), an additional 2,680 methadone places were created, which represents an increase in places of 54%.

The number of opiate cases entering treatment increased by 22%, from 3,202 in 2002 to 3,895 in 2007. The number of previously treated cases increased by 15%, from 2,252 in 2002 to 2,598 in 2007, while the number of new cases increased by 42%, from 809 in 2002 to 1,151 in 2007. The increase in numbers could be explained by an increase in problematic opiate use in the population, an increase in the number of service providers reporting treated cases to the NDTRS, an increase in the provision of opiate services, or, most likely, a combination of these three factors.

The number of cases who reported opiates as **their main problem substance**, increased by 16%, from 3,077 in 2002 to 3,575 in 2007. The number of cases who reported opiates as **an additional problem substance** increased by 6%, from 713 in 2002 to 757 in 2007.



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The **prevalence** of treated problem opiate use among 15–64-year-olds living in Ireland increased by 15%, from 326 per 100,000 in 2002 to 376 in 2007. This indicates that problem opiate use is a recurring addiction that requires repeated episodes of treatment over time.

The **incidence** of treated problem opiate use among 15–64-year-olds living in Ireland increased by 22%, from 28 per 100,000 in 2002 to 35 in 2007.

The incidence of cases treated for opiates as their main problem substance between 2002 and 2007 was examined by place of residence. While the incidence of such cases living in Dublin decreased by 19% over the six-year period, the incidence of cases living outside Dublin increased by 126%.

The data on heroin users treated for the first time indicate that the highest numbers and rates were in Dublin, but that heroin use had spread to every county in Ireland, with a steady increase in numbers in counties in the midlands, the north-east and the south-east. The numbers of new cases entering treatment are an indirect indicator of recent trends in problem drug use.

In 2007 the majority (75%) of opiate cases were treated in outpatient services. During the period under review, increasing numbers and proportions were treated in inpatient services each year. Of the 3,575 cases entering treatment in 2007 who reported opiates as their main problem substance, 53% received counselling, 46% commenced methadone maintenance, 23% received a brief intervention, and 10% commenced a medically assisted opiate detoxification. Over 46% of cases received more than one initial treatment intervention. It is widely recognised that a combination of interventions is required to effectively treat problem opiate use.

Of the 20,155 opiate cases who entered treatment in the years 2002–2007, the majority, 19,105 (95%), used heroin, 3,519 (17%) used either prescribed (509) or street (3,010) methadone, and 898 (4%) used other opiates, including unspecified opiates and analgesics containing an opiate compound. Of those entering treatment for problem methadone use in 2007, the majority (87%) used street methadone and 13% used prescribed methadone. The cases using prescribed methadone were entering a detoxification facility after a period on methadone substitution.

The proportion of cases who reported an opiate as their main problem substance and who used more than one substance decreased from 69% in 2002 to 63% in 2007. The decrease in polysubstance use was observed among both new and previously treated opiate cases, but was more marked among the new cases. Cannabis, benzodiazepines and, in more recent years, cocaine were the most common additional problem substances reported by opiate cases entering treatment between 2002 and 2007. Polysubstance use increases the complexity of these cases, and is associated with poorer treatment outcomes.

In 2007 the main problem substances associated with opiates as an additional problem substance were other opiates (56%) and, to a lesser extent, alcohol (16%) and cocaine (12%). Use of any one of these substances can lead to severe dependence; when two or more are used, it is often difficult for the service provider and the client to establish which is the main problem substance.

Among new opiate cases in the six-year period, the median age at first use of any drug was 15 years, and the median age at first use of opiates was 19 years. This finding indicates that opiates were unlikely to be among the first drugs used by these cases, and that they used one or more opiates for a considerable period before seeking treatment. The median age at which new opiate cases commenced injecting was 20 years. In the interval between commencing opiate use and seeking treatment, a significant minority of users change from smoking to injecting opiates, and may subsequently contract a blood-borne virus such as hepatitis C. Half of the new opiate cases had been using opiates for five years or more before seeking treatment. The pattern of opiate use evidenced by these findings points to the need to bring opiate users into treatment earlier.

In 2007, of the 3,575 cases who entered treatment and reported opiates as their main problem substance, 52% smoked it, 40% injected it, and 5% consumed it orally. Between 2003 and 2007, decreasing proportions of cases reported that injecting was their primary route of administration, while correspondingly increasing proportions reported smoking opiates. Among cases living in Dublin, injecting decreased by 29% and smoking increased by 9%. This trend was even more evident in cases living outside Dublin, where smoking overtook injecting at a much faster rate, rising by 230% over the six-year period. This is a positive finding, indicating that opiate users are heeding the advice contained in harm reduction messages.

In 2007, of the 3,575 cases who entered treatment and reported opiates as their main problem substance, 54% used it daily, 10% used it on two to six days per week, 6% used it once per week or less and 25% had not used it in the month prior to entering treatment. The proportion of daily users was much higher among new cases (70%) than among previously treated cases (48%). There was a 26% increase in the proportion of cases reporting daily use of opiates during the reporting period; the largest increase was among new cases, where daily use increased by 36%. The high proportion of previously treated cases who had not used an opiate in the month prior to treatment is explained by the transfer of stable clients to the services of general practitioners and to detoxification centres.

The median age of previously treated cases entering treatment for opiates as their main problem substance increased from 26 to 29 years between 2002 and 2007. In 2007 almost 3% of new cases were under 18 years of age, while less than 1% of previously treated cases were in this age group. The proportion of new cases aged under 18 years increased between 2006 and 2007, which reflects the increase in adolescent treatment services and their compliance with the NDTRS. In 2007, 73% of cases entering treatment for opiates as their main problem substance were male; only 13% were employed, a considerable fall from the 2002 figure of 21%. In 2007, the proportion of opiate cases who reported leaving school early was higher among previously treated cases (26%) than among new cases (21%). During the period under review, very few opiate cases aged under 18 reported that they were still at school. An average of one in twenty opiate cases entering treatment reported being homeless. The socio-economic profile of treated opiate users is one of low educational levels and limited economic opportunity. It is clear that programmes to address problem opiate use must include strategies that redress disadvantage.

# Glossary

- **Opiates** are powerful drugs derived from the opium poppy plant and have been used for centuries to relieve pain. They include opium, heroin, morphine, and codeine. Some opiates, such as morphine and codeine, are used in the treatment of pain related to illness (for example, cancer) and in medical and dental procedures. When used as prescribed by a medical doctor, opiates are safe and generally do not lead to dependence. When misused, opiates possess very strong reinforcing properties and can quickly trigger addiction.

- **Heroin** is a synthetic opiate that is highly addictive. It is made from morphine, which is a naturally occurring opiate extracted from the seed pod of the Asian opium poppy plant. Heroin can take the form of a white or brown powder or a black sticky substance known as 'black tar heroin'. Heroin enters the brain, where it is converted to morphine, which then binds to opioid receptors in the body, especially those involved in the perception of pain and reward. With regular heroin use, tolerance develops. This means that more heroin is required to achieve the same intensity of effect. Eventually, chemical changes in the brain can lead to addiction.

- **Methadone** is a synthetic opiate that binds to the same receptors in the brain as heroin does. It has been used for more than 30 years to treat heroin addiction. When taken orally, as per prescription, it has a gradual onset of action and sustained effects, reducing the desire for other opioid drugs while preventing withdrawal symptoms. Properly prescribed methadone is not intoxicating or sedating, and its effects do not interfere with ordinary daily activities. In the majority of cases methadone is a stabilising factor that permits heroin users to change their behavior and to discontinue heroin use. Methadone that is diverted from opiate users in treatment programmes to opiate users who are not in treatment is categorised as **street methadone**.

- The **median** is the value at the mid–point in a sequence of numerical values ranged in ascending or descending order. It is defined as the value above or below which half of the values lie. Unlike the mean (average), the median is not influenced by extreme values (or outliers). For example, in the case of five drug users aged 22, 23, 24, 24 and 46 years respectively, the median (middle value) is 24 years, whereas the mean is 27.8 years. While both the median and the mean describe the central value of the data, the median is more useful in this case because the mean is influenced by the one older person in this example.

- **Incidence** is the number of new cases of disease or events that develop among a population during a specified time interval. As an example, in 2007, in a county with a population of 31,182, 10 opiate users sought treatment for the first time. The incidence is the number of new cases treated divided by the county population, expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, per 100,000 etc.

  The rate in this example may be calculated as follows: (10/31,182) x 100,000, which gives an incidence rate of 32 per 100,000 of the county population in 2007.

- **Prevalence** is the proportion of people in a population who have a disease or condition at a specific point or period in time. As an example, in 2007, in a county with a population of 31,182, 10 opiate users sought treatment for the first time, 20 returned to treatment and five continued in treatment from the previous year, giving a total of 35 people treated for problem opiate use in the year. The prevalence is the total number of cases divided by the county population, expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, per 100,000 etc.

  The rate in this example may be calculated as follows: (35/31,182) x 100,000, which gives a prevalence rate of 112 per 100,000 of the county population in 2007.

- **Epidemic** disease levels exist when there is an excess number of new cases among a specific population for that point and place in time. An epidemic can also be called an outbreak. An excess number of cases is defined as a number greater than two standard deviations above the norm expected for that point in time.

## Health Service Executive (HSE)

– On 1 January 2005, the 10 health boards managing the health services in Ireland were replaced by a single entity, the Health Service Executive (HSE). The former health boards were responsible for health care provision to populations in specific geographical areas. In the interest of continuity of care, the HSE maintained these 10 areas for an interim period and called them HSE areas. The former Eastern Regional Health Authority was known as the HSE Eastern Region for this interim period.

– The table below presents the past health board structure and the interim HSE areas structure:

| Regional Health Authority | Health boards | HSE areas |
|---|---|---|
| Not applicable | North Eastern Health Board | HSE North Eastern Area |
| Eastern Regional Health Authority (ERHA*) | Northern Area Health Board | HSE Northern Area |
| Eastern Regional Health Authority (ERHA) | East Coast Area Health Board | HSE East Coast Area |
| Eastern Regional Health Authority (ERHA) | South Western Area Health Board | HSE South Western Area |
| Not applicable | Midland Health Board | HSE Midland Area |
| Not applicable | South Eastern Health Board | HSE South Eastern Area |
| Not applicable | Southern Health Board | HSE Southern Area |
| Not applicable | Mid–Western Health Board | HSE Mid-Western Area |
| Not applicable | North Western Health Board | HSE North Western Area |
| Not applicable | Western Health Board | HSE Western Area |

*The ERHA was known as the HSE Eastern Region for the interim period

– Following a number of years of re-structuring, health care is now provided through four HSE regions and 32 local health offices (LHOs). The local health offices are based on the geographical boundaries of the former community care areas. The table below presents the current HSE structure:

| HSE regions | Local health offices | | |
|---|---|---|---|
| HSE Dublin North East | North West Dublin | North Dublin | Louth |
| | North Central Dublin | Cavan/Monaghan | Meath |
| HSE Dublin Mid-Leinster | Dublin South | Dublin South West | Wicklow |
| | Dublin South East | Dublin West | Longford/Westmeath |
| | Dublin South City | Kildare/West Wicklow | Laois/Offaly |
| HSE South | Cork South Lee | North Cork | Tipperary South |
| | Cork North Lee | Kerry | Waterford |
| | West Cork | Carlow/Kilkenny | Wexford |
| HSE West | Donegal | Mayo | Limerick |
| | Sligo/Leitrim/West Cavan | Roscommon | Clare |
| | Galway | Tipperary North/East Limerick | |

The data in this paper relating to the average annual incidence of treated problem substance use and place of residence of treated cases living in Ireland are presented by HSE region and by former health board area. Each of the four HSE regions is made up of a number of former health board areas and can be easily divided along their boundaries. It is also worth noting that the 10 regional drugs task forces were created to service the areas covered by the former health boards.

# Introduction

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. It is co-ordinated by staff at the Alcohol and Drug Research Unit (ADRU) of the Health Research Board (HRB) on behalf of the Department of Health and Children. The monitoring role of the NDTRS is recognised by the Government in its document *Building on experience: National Drugs Strategy 2001–2008*. The collection and reporting of data to the NDTRS is one of the actions identified and agreed by Government for implementation by the former health boards (now HSE regions): 'All treatment providers should co-operate in returning information on problem drug use to the Drug Misuse Research Division [now ADRU] of the HRB' (Department of Tourism, Sport and Recreation 2001: 118).

The NDTRS was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover all areas of the country. It was developed in line with the Pompidou Group's Definitive Protocol (Hartnoll 1994) and subsequently refined in accordance with the Treatment Demand Indicator Protocol (EMCDDA and Pompidou Group 2000). Originally designed to record drug misuse, the NDTRS recorded problematic use of alcohol only in cases where it was an additional problem substance, that is, where the client's main reason for entering treatment was drug misuse but he/she also reported problematic use of alcohol. However, it became increasingly evident that alcohol was the main problem substance in Ireland and that a large proportion of cases used both alcohol and drugs (Long *et al.* 2004). In parts of the country, particularly outside Dublin, alcohol and drug treatment services are integrated. Failure to include alcohol data in reporting systems leads to an underestimation of problem substance use, and of the workload of addiction services (Long *et al.* 2004). In recognition of this, the remit of the NDTRS was extended in 2004 to include cases where alcohol is recorded as the main or only reason for seeking treatment. The overlap between problem alcohol use and problem drug use has been identified in the current strategic plans of a number of drugs task forces, which have emphasised the need for treatment services that can address the many forms of polysubstance use.

Drug and alcohol treatment data are viewed as an indirect indicator of drug and alcohol misuse, as well as a direct indicator of demand for treatment services. NDTRS data are used at national level (alcohol and drug data) and at European level (drug data) to provide information on the characteristics of clients entering treatment and on patterns of substance misuse, such as types of substance used and consumption behaviours. Drug data are 'valuable from a public health perspective to assess needs, … and to plan and evaluate services' (EMCDDA 1998: 23).

Information from the NDTRS is made available to service providers and policy makers and is used to inform local and national substance misuse policy and planning. In 1996, NDTRS data were used to identify a number of local areas with problematic heroin use (Ministerial Task Force 1996). These areas were later designated as Local Drugs Task Force (LDTF) areas, and are continuing to co-ordinate strategic responses to drug misuse in their communities. Again, in 2004, NDTRS data were used to describe treatment-seeking characteristics and behaviours of those under 18 years and to inform the deliberations of the Working Group on the need for a specific treatment approach (Working Group on treatment of under 18 year olds 2005). In recent years, NDTRS data have been used to inform some of the recommendations of the Working Group on Drugs Rehabilitation (2007), and by the Working Group on residential services to help estimate the number of residential places required to address severe alcohol and drug problems in Ireland (Corrigan and O'Gorman 2007). The Comptroller and Auditor General (2009) used data from the reporting system in a special report which examined treatment and rehabilitation services provided for people with drug addictions.

The National Advisory Committee on Drugs (NACD) commissioned a report estimating the prevalence of opiate use in Ireland as a whole, in Dublin, and in the rest of Ireland for the years 2000 and 2001 (Kelly *et al.* 2003). In 2001 it was estimated that there were between 13,405 and 15,819 people aged 15–64 years using opiates in Ireland. Opiate use was predominantly a Dublin phenomenon, with a rate of 16 cases per 1,000; outside Dublin the rate was just under 1 per 1,000. The NACD is currently calculating an estimate of problem opiate users in Ireland in 2006.

**Table 1** Estimated prevalence of opiate use among the 15–64-year-old population in Ireland, in Dublin, and in the rest of Ireland, 2000 and 2001

| | 2000 | | | | 2001 | | | |
|---|---|---|---|---|---|---|---|---|
| | Estimate | Lower bound | Upper bound | Rate/1000 population | Estimate | Lower bound | Upper bound | Rate/1000 population |
| Ireland | 14,158 | 12,884 | 15,883 | 5.6 | 14,452 | 13,405 | 15,819 | 5.6 |
| Dublin | 12,268 | 11,204 | 13,725 | 16.1 | 12,456 | 11,519 | 13,711 | 16.0 |
| Rest of Ireland | 2,526 | 1,893 | 3,639 | 1.0 | 2,225 | 1,934 | 2,625 | 0.9 |

Source: Kelly *et al.* 2003

The number of heroin seizures increased by 105%, from 612 in 2004 to 1,698 in 2007 (CSO 2009).

According to the National Drug-Related Deaths Index, 1,553 deaths by poisoning were recorded between 1998 and 2005, of which 714 were attributed to a single substance and 839 were attributed to two or more substances (Lyons *et al.* 2008). Of the 714 cases of death due to a single substance, heroin and unspecified opiates accounted for 22% (159), analgesics containing an opiate compound accounted for almost 12% (85) and methadone alone accounted for a further 9% (61). Of the 839 polysubstance deaths, 46% (388) involved an opiate (mainly heroin and/or methadone) in conjunction with at least one other substance. A further 21% (177) involved substances which included an analgesic containing an opiate compound.

The number of poisoning deaths in which opiates were implicated, alone or with another drug, increased steadily from 111 in 1998 to 146 in 2005. In that eight-year period, heroin was recorded as one of the drugs implicated in 19.8% of deaths by poisoning; methadone was implicated in 19.4% of those deaths, and other opiates (including analgesics containing an opiate compound) in 23.3%. Heroin and/or methadone were often associated with benzodiazepine or cocaine in cases of polysubstance poisoning.

In 2008 the NACD published *ROSIE Findings 7*, a summary of opiate treatment outcomes at one year and at three years after entry into treatment (Comiskey *et al.* 2008). The ROSIE (Research Outcome Study in Ireland) study is the first national longitudinal multi-site drug treatment outcome study in Ireland. The 404 opiate users recruited to the study were entering treatment for the first time, or were returning to treatment after a period of absence. The study followed participants from the point of commencing a new treatment episode and monitored their progress at one-year and three-year intervals.

The main results summarised in *ROSIE Findings 7* included the following:

- The proportion of participants who reported using heroin in the 90 days preceding data collection fell from 81% at intake to 47% at one year, and this decrease was sustained at three years.

- There were reductions in the proportions who reported use of non-prescribed methadone, cocaine powder, crack cocaine, cannabis, alcohol and non-prescribed benzodiazepines at one year after treatment intake. The reduced levels were maintained between one-year and three-year follow-up for all drugs except benzodiazepines.
- The proportion who reported use of more than one drug decreased from 78% at intake to 50% one year later and to 45% three years following intake. The proportion who reported injecting drug use in the 90 days preceding data collection decreased from 46% at intake to 29% at one year and 27% at three years.
- The largest achievements between one and three years were in the areas of housing, training and employment. The proportion who reported involvement in acquisitive crime decreased from 31% at intake to 14% at one year and this decrease was sustained at three years. In addition, the proportion who reported selling or supplying drugs reduced from 31% at intake to 11% at one year and this decrease was sustained at three years.

## Methods

Treatment for problem opiate use in Ireland is provided by statutory and non-statutory services, including residential centres, community-based addiction services, general practices and prison services.

For the purpose of the NDTRS, treatment is broadly defined as any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems. Clients who attend needle-exchange services are not included in this reporting system. Opiate treatment options include one or more of the following: medication (detoxification, methadone reduction and substitution programmes), brief intervention, counselling, medication free therapy, psychotherapy, family therapy, complementary therapy, and/or life-skills training.

Compliance with the NDTRS requires that one form be completed for each new client coming for first treatment and for each previously treated client returning to treatment. The NDTRS collects data on episodes of treatment in a calendar year, rather than on the individual person treated. This means that individuals may appear in the figures more than once if they receive treatment at more than one centre, or at the same centre more than once per year. Staff at the ADRU of the HRB compile anonymous, aggregated data from the NDTRS, which are analysed and reported at national and EU levels.

The main elements of the reporting system in the context of this paper are defined as follows:

*All cases treated* – describes individuals who receive treatment for problem opiate use at each treatment centre in a calendar year, and includes:

- *Previously treated cases* – describes individuals who were treated previously for problem opiate or other drug use at any treatment centre and have returned to treatment for problem opiate use in the reporting year;
- *New cases treated* – describes individuals who have never been treated for problem opiate or other drug use; and
- *Status unknown* – describes individuals whose status with respect to previous treatment for problem opiate or other drug use is not known.

In the case of the data for 'previously treated cases', there is a possibility that individuals appear more than once in the database: for example, where a person receives treatment at more than one centre or at the same centre more than once per year.

# Analysis

The data presented in this paper provide a description of cases treated for problem opiate use in Ireland between 2002 and 2007. The analysis provides an outline of the following: numbers treated; types of opiate used; incidence and prevalence of treated cases by year and by place of residence; additional problem substances; opiate-using behaviours; socio-demographic characteristics; service provision; and initial treatment intervention(s) provided.

## Numbers treated for problem opiate use

Of the 11,538 cases in treatment for problem opiate use in 2007, 7,643 (66%) were continuous care cases, that is, cases continuing in methadone treatment from the preceding calendar year and carried forward on 1 January 2007. The number of continuous care cases increased by 36%, from 5,601 in 2002 to 7,643 in 2007 (Table 2). The number of previously treated cases increased by 15%, from 2,252 in 2002 to 2,598 in 2007. The numbers of continuous care cases and previously treated cases are an indicator of a chronic situation and the requirement for addiction services into the future. The number of new cases increased by 42%, from 809 in 2002 to 1,151 in 2007. The numbers of new cases entering treatment are an indirect indicator of recent trends in problem substance use. The number of methadone places increased by 54%, from 4,963 in 2001 (Reynolds *et al.* 2008) to 7,643 in 2007.

**Table 2** Opiate cases in treatment, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| All cases | 8804 | | 9113 | | 9542 | | 10217 | | 10755 | | 11538 | |
| Continuous care cases | 5601 | (63.3) | 5944 | (65.2) | 6433 | (67.4) | 6924 | (67.8) | 7269 | (67.6) | 7643 | (66.2) |
| Cases entering treatment | 3203 | (36.4) | 3169 | (34.8) | 3109 | (32.6) | 3293 | (32.2) | 3486 | (32.4) | 3895 | (33.8) |
| Of whom: | | | | | | | | | | | | |
| Previously treated cases | 2252 | (25.6) | 2280 | (25.0) | 2265 | (23.7) | 2395 | (23.4) | 2352 | (21.9) | 2598 | (22.5) |
| New cases | 809 | (9.2) | 808 | (8.9) | 737 | (7.7) | 803 | (7.9) | 996 | (9.3) | 1151 | (10.0) |
| Treatment status unknown* | 142 | (1.6) | 81 | (0.9) | 107 | (1.1) | 95 | (0.9) | 138 | (1.3) | 146 | (1.3) |

* Relevant data not recorded on the NDTRS form returned.

## Numbers entering treatment for problem opiate use, and types of opiate used

The remainder of the tabular analysis in this paper is based on 20,155 cases who lived in one of the four HSE regions and entered treatment for problem opiate use between 2002 and 2007. This represents an average of 3,359 cases entering treatment each year.

Table 3 presents the total number of opiate cases entering treatment in the years 2002–2007. The total number in each year includes cases reporting opiates as their main problem substance (shown separately in Table 5) and cases reporting opiates as an additional problem substance (shown separately in Table 6).

Of the 20,155 opiate cases entering treatment in the six-year period, 18,918 reported opiates as their main problem substance (Table 5) and 4,470 reported opiates as an additional problem substance (Table 6). These figures represent a considerable overlap, as 3,233 cases reported one type of opiate as their main problem substance and another type of opiate as an additional problem substance.

Of the 20,155 opiate cases in the years 2002 to 2007, 19,105 (95%) used heroin, 3,519 (15%) used either prescribed (509) or street (3,010) methadone, and 898 (4%) used other opiates (which included categories such as 'unspecified opiates' and 'analgesics containing an opiate compound').

Overall, the number of opiate cases specifying heroin use increased by 20% between 2002 and 2007. Following a steady decrease between 2002 and 2004, the number increased substantially in the years 2005–2007 (Table 3).

The number of cases reporting problem methadone use decreased by 17% overall, from 599 in 2002 to 498 in 2007, despite a peak of 648 cases in 2005 (Table 3). The number of cases reporting other opiates (including unspecified opiates and analgesics containing an opiate compound) as a problem substance increased by 22%, from 147 in 2002 to 179 in 2007.

In total, 3,519 cases entered treatment for problem methadone use between 2002 and 2007. Although the overall number of cases decreased by 17%, street methadone use decreased by 25%, while prescribed methadone use increased by 164% (Table 4). In 2007, the majority (87%) used street methadone, while the remaining 13% used prescribed methadone. The cases using prescribed methadone were entering a detoxification facility after a period on methadone substitution.

There was an increase of 16% in the number of cases who reported opiates (including heroin, methadone or other opiates) as their main problem substance, from 3,077 cases in 2002 to 3,575 cases in 2007 (Table 5). The number of cases who reported an opiate as an additional problem substance increased by 6%, from 713 in 2002 to 757 in 2007 (Table 6).

The number of **new cases** who entered treatment and reported heroin as a problem substance increased by 36% between 2002 and 2007, compared to a 15% increase among previously treated cases. The number of new cases reporting methadone as a problem substance was relatively small and decreased by 21% between 2002 and 2007, compared to a 17% decrease among **previously treated cases**. Although the proportion of new cases reporting problem use of another type of opiate was small, the number of such cases increased by 169%, from 32 in 2002 to 86 in 2007 (Table 3).

**Table 3** Opiate cases entering treatment,* by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| All cases | 3203 | | 3169 | | 3109 | | 3293 | | 3486 | | 3895 | |
| Heroin | 3066 | (80.4) | 3008 | (80.4) | 2951 | (80.3) | 3085 | (79.7) | 3314 | (81.5) | 3681 | (84.5) |
| Methadone | 599 | (15.7) | 581 | (15.5) | 580 | (15.8) | 648 | (16.7) | 613 | (15.1) | 498 | (11.4) |
| Other opiates† | 147 | (3.9) | 151 | (4.0) | 143 | (3.9) | 137 | (3.5) | 141 | (3.5) | 179 | (4.1) |
| Previously treated cases | 2252 | | 2280 | | 2265 | | 2395 | | 2352 | | 2598 | |
| Heroin | 2154 | (79.6) | 2161 | (80.7) | 2169 | (79.5) | 2271 | (79.9) | 2263 | (82.3) | 2485 | (84.4) |
| Methadone | 446 | (16.5) | 411 | (15.3) | 475 | (17.4) | 497 | (17.5) | 414 | (15.0) | 371 | (12.6) |
| Other opiates | 106 | (3.9) | 107 | (4.0) | 86 | (3.2) | 73 | (2.6) | 74 | (2.7) | 88 | (3.0) |
| New cases | 809 | | 808 | | 737 | | 803 | | 996 | | 1151 | |
| Heroin | 778 | (81.8) | 773 | (80.8) | 685 | (83.4) | 724 | (79.0) | 923 | (81.0) | 1058 | (84.2) |
| Methadone | 141 | (14.8) | 145 | (15.2) | 87 | (10.6) | 132 | (14.4) | 154 | (13.5) | 112 | (8.9) |
| Other opiates | 32 | (3.4) | 39 | (4.1) | 49 | (6.0) | 60 | (6.6) | 63 | (5.5) | 86 | (6.8) |
| Treatment status unknown | 142 | | 81 | | 107 | | 95 | | 138 | | 146 | |

* Excludes cases not normally resident in Ireland.
† Other opiates include unspecified opiates and analgesics containing an opiate compound.

**Table 4** Opiate cases entering treatment* who reported methadone as a problem substance (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| All cases | 599 | | 581 | | 580 | | 648 | | 613 | | 498 | |
| Street methadone | 574 | (95.8) | 581 | (100.0) | 462 | (79.7) | 442 | (68.2) | 519 | (84.7) | 432 | (86.7) |
| Prescribed methadone | 25 | (4.2) | 0 | (0.0) | 118 | (20.3) | 206 | (31.8) | 94 | (15.3) | 66 | (13.3) |

* Excludes cases not normally resident in Ireland.

**Table 5** Cases entering treatment* who reported opiates as their main problem substance, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| All cases | 3077 | | 3029 | | 2863 | | 3094 | | 3280 | | 3575 | |
| Heroin | 2883 | (93.7) | 2828 | (93.4) | 2638 | (92.1) | 2851 | (92.1) | 3093 | (94.3) | 3364 | (94.1) |
| Methadone | 124 | (4.0) | 123 | (4.1) | 161 | (5.6) | 161 | (5.2) | 108 | (3.3) | 102 | (2.9) |
| Other opiates | 70 | (2.3) | 78 | (2.6) | 64 | (2.2) | 82 | (2.7) | 79 | (2.4) | 109 | (3.0) |
| Previously treated cases | 2181 | | 2190 | | 2108 | | 2281 | | 2237 | | 2404 | |
| Heroin | 2025 | (92.8) | 2035 | (92.9) | 1933 | (91.7) | 2111 | (92.5) | 2131 | (95.3) | 2280 | (94.8) |
| Methadone | 108 | (5.0) | 102 | (4.7) | 143 | (6.8) | 128 | (5.6) | 67 | (3.0) | 78 | (3.2) |
| Other opiates | 48 | (2.2) | 53 | (2.4) | 32 | (1.5) | 42 | (1.8) | 39 | (1.7) | 46 | (1.9) |
| New cases | 761 | | 759 | | 654 | | 722 | | 912 | | 1032 | |
| Heroin | 732 | (96.2) | 720 | (94.9) | 614 | (93.9) | 657 | (91.0) | 843 | (92.4) | 952 | (92.2) |
| Methadone | 14 | (1.8) | 18 | (2.4) | 14 | (2.1) | 28 | (3.9) | 32 | (3.5) | 19 | (1.8) |
| Other opiates | 15 | (2.0) | 21 | (2.8) | 26 | (4.0) | 37 | (5.1) | 37 | (4.1) | 61 | (5.9) |

* Excludes cases not normally resident in Ireland.

**Table 6** Cases entering treatment* who reported opiates as an additional problem substance, by treatment status (NDTRS 2002–2007)

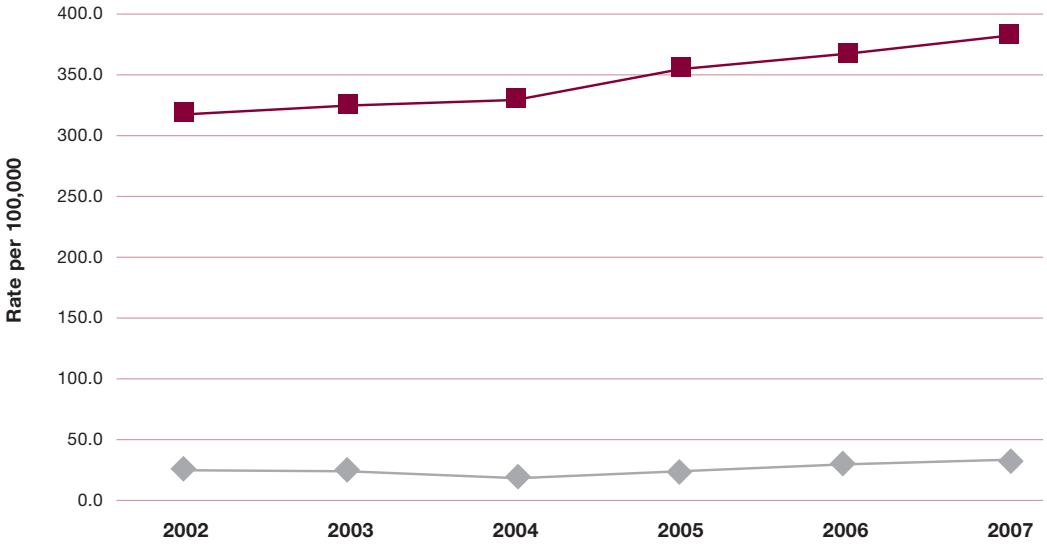
| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| All cases | 713 | | 685 | | 789 | | 755 | | 771 | | 757 | |
| Heroin | 183 | (25.7) | 180 | (26.3) | 313 | (39.7) | 234 | (31.0) | 221 | (28.7) | 317 | (41.9) |
| Methadone | 475 | (66.6) | 458 | (66.9) | 419 | (53.1) | 487 | (64.5) | 505 | (65.5) | 396 | (52.3) |
| Other opiates | 77 | (10.8) | 73 | (10.7) | 79 | (10.0) | 55 | (7.3) | 62 | (8.0) | 70 | (9.2) |
| Previously treated cases | 506 | | 472 | | 550 | | 503 | | 456 | | 451 | |
| Heroin | 129 | (24.6) | 126 | (25.8) | 200 | (35.1) | 125 | (24.3) | 93 | (20.1) | 143 | (30.8) |
| Methadone | 338 | (64.4) | 309 | (63.2) | 330 | (58.0) | 364 | (70.7) | 344 | (74.3) | 290 | (62.5) |
| Other opiates | 58 | (11.0) | 54 | (11.0) | 39 | (6.9) | 26 | (5.0) | 26 | (5.6) | 31 | (6.7) |
| New cases | 187 | | 190 | | 121 | | 146 | | 188 | | 164 | |
| Heroin | 46 | (24.2) | 53 | (26.8) | 37 | (30.1) | 36 | (24.0) | 57 | (29.4) | 67 | (39.0) |
| Methadone | 127 | (66.8) | 127 | (64.1) | 73 | (59.3) | 98 | (65.3) | 120 | (61.9) | 86 | (50.0) |
| Other opiates | 17 | (8.9) | 18 | (9.1) | 13 | (10.6) | 16 | (10.7) | 17 | (8.8) | 19 | (11.0) |

* Excludes cases not normally resident in Ireland.

## Incidence and prevalence of treated opiate use by year

Annual rates for the incidence (new cases) and prevalence (all cases) of treated opiate use between 2002 and 2007 are expressed per 100,000 of the population aged 15–64 years, based on the census figures for 2002 and 2006 and CSO estimated figures for 2007 (CSO 2007, 2008).

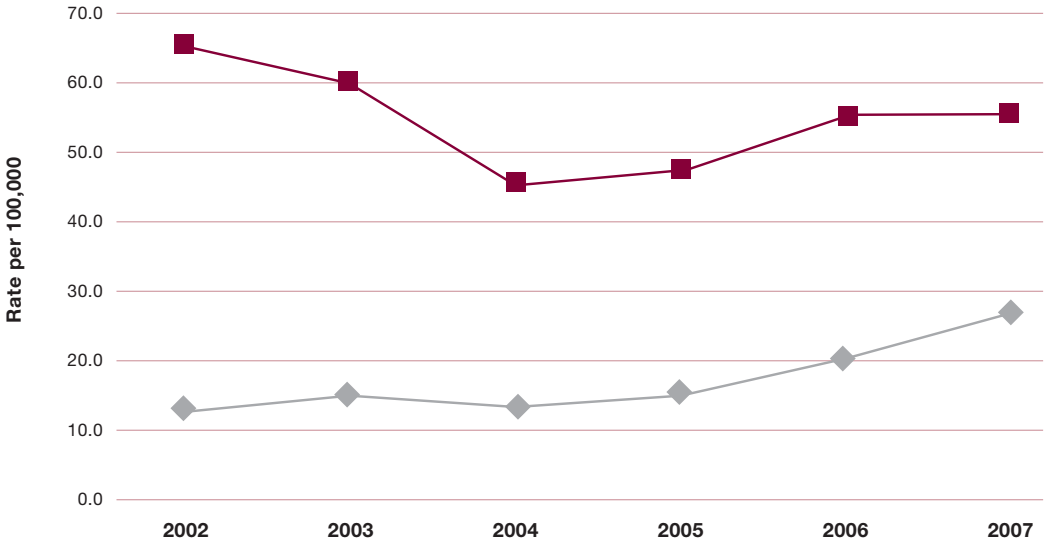
Figure 1 presents the annual incidence and prevalence of cases treated for opiates as their main problem substance. The incidence increased by 22%, with the numbers fluctuating from 28 in 2002, to 24 in 2004 and to 35 in 2007. The prevalence data include all cases entering treatment each year and all cases carried over from the previous year. The prevalence increased by 15%, from 326 in 2002 to 376 in 2007.




| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|
| Prevalence (total cases) | 326.0 | 329.8 | 334.2 | 352.1 | 362.5 | 375.7 |
| Incidence (new cases) | 28.4 | 27.9 | 23.5 | 25.4 | 31.3 | 34.5 |

**Figure 1** Incidence and prevalence of cases treated for opiates as their main problem substance, per 100,000 of the 15–64-year-old population (NDTRS 2002–2007; CSO 2007, 2008)

Figure 2 presents the annual incidence of Dublin-resident and non-Dublin-resident cases treated for opiates as their main problem substance. While the incidence of Dublin cases decreased by 19% between 2002 and 2007, that of non-Dublin cases increased by 126%.




| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|
| Incidence Dublin | 67.9 | 60.1 | 47.2 | 48.1 | 55.3 | 55.3 |
| Incidence outside Dublin | 11.5 | 14.2 | 13.6 | 15.9 | 21.4 | 26.0 |

**Figure 2** Incidence of cases treated for opiates as their main problem substance, per 100,000 of the 15–64-year-old population in Dublin and outside Dublin (NDTRS 2002–2007; CSO 2007, 2008)

## Incidence and prevalence of treated opiate use by place of residence

Almost half (49%) of all cases entering treatment in 2007 who reported opiates as their main problem substance lived in the HSE Dublin Mid-Leinster Region, while 30% lived in the HSE Dublin North East Region (Table 7). One-tenth of cases lived in the HSE South and HSE West regions.

In 2007, 34% of new cases treated for opiates as their main problem substance lived in the HSE Dublin Mid-Leinster Region and a further 34% lived in the HSE Dublin North East Region. The lowest proportion (14%) lived in the HSE West Region (Table 7).

**Table 7** Cases entering treatment* who reported opiates as their main problem substance, by HSE region of residence and by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **HSE region of residence** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| All cases | 3077 | | 3029 | | 2863 | | 3094 | | 3280 | | 3575 | |
| Dublin North East | 1005 | (32.7) | 1158 | (38.2) | 982 | (34.3) | 1154 | (37.3) | 1106 | (33.7) | 1084 | (30.3) |
| Dublin Mid-Leinster | 1820 | (59.1) | 1561 | (51.5) | 1620 | (56.6) | 1575 | (50.9) | 1639 | (50.0) | 1736 | (48.6) |
| South | 137 | (4.5) | 174 | (5.7) | 162 | (5.7) | 233 | (7.5) | 309 | (9.4) | 382 | (10.7) |
| West | 115 | (3.7) | 136 | (4.5) | 99 | (3.5) | 132 | (4.3) | 226 | (6.9) | 373 | (10.4) |
| Previously treated cases | 2181 | | 2190 | | 2108 | | 2281 | | 2237 | | 2404 | |
| Dublin North East | 701 | (32.1) | 845 | (38.6) | 745 | (35.3) | 850 | (37.3) | 716 | (32.0) | 679 | (28.2) |
| Dublin Mid-Leinster | 1338 | (61.3) | 1150 | (52.5) | 1206 | (57.2) | 1228 | (53.8) | 1234 | (55.2) | 1321 | (55.0) |
| South | 80 | (3.7) | 110 | (5.0) | 102 | (4.8) | 121 | (5.3) | 164 | (7.3) | 191 | (7.9) |
| West | 62 | (2.8) | 85 | (3.9) | 55 | (2.6) | 82 | (3.6) | 123 | (5.5) | 213 | (8.9) |
| New cases | 761 | | 759 | | 654 | | 722 | | 912 | | 1032 | |
| Dublin North East | 262 | (34.4) | 284 | (37.4) | 197 | (30.1) | 267 | (37.0) | 336 | (36.8) | 355 | (34.4) |
| Dublin Mid-Leinster | 403 | (53.0) | 368 | (48.5) | 361 | (55.2) | 300 | (41.6) | 337 | (37.0) | 350 | (33.9) |
| South | 53 | (7.0) | 64 | (8.4) | 57 | (8.7) | 109 | (15.1) | 140 | (15.4) | 180 | (17.4) |
| West | 43 | (5.7) | 43 | (5.7) | 39 | (6.0) | 46 | (6.4) | 99 | (10.9) | 147 | (14.2) |
| Treatment status unknown | 42 | | 29 | | 40 | | 37 | | 54 | | 50 | |

* Excludes cases not normally resident in Ireland.

Table 8 presents the number of new cases entering treatment in the period 2002–2007 who reported opiates as their main problem substance, by regional drugs task force (RDTF) area of residence. The South West and North Dublin RDTF areas reported the highest numbers; the North West RDTF area reported the lowest numbers.

**Table 8** New cases entering treatment* who reported opiates as their main problem substance, by regional drugs task force (RDTF) area of residence (NDTRS 2002–2007)

| RDTF area of residence | Number | % |
|---|---|---|
| All new cases | 4840 | 100.0 |
| South West (of Dublin and Wicklow and all of Kildare) | 1314 | 27.1 |
| North Dublin City and County | 1301 | 26.9 |
| North Eastern | 400 | 8.3 |
| East Coast (of Dublin and Wicklow) | 398 | 8.2 |
| South Eastern | 387 | 8.0 |
| Midland | 335 | 6.9 |
| Southern | 231 | 4.8 |
| Mid-Western | 229 | 4.7 |
| Western | 145 | 3.0 |
| North West | 43 | 0.9 |
| Address in Ireland unknown | 57 | 1.2 |

* Excludes cases not normally resident in Ireland.

In 1996, NDTRS data were used to identify a number of local areas with problematic heroin use (Ministerial Task Force 1996). These areas were later designated as local drugs task force (LDTF) areas. The number of new opiate cases entering treatment for problem opiate use was highest in the North Inner City LDTF area, followed by the Clondalkin and Dublin North East LDTF areas (Table 9). Lower numbers of cases lived in the Canal Communities and Bray LDTF areas. The lower than expected number of new opiate cases in the Bray LDTF area may have been influenced by treatment availability in the area and low levels of participation in the NDTRS by service providers prior to 2007.

**Table 9** New cases entering treatment* who reported opiates as their main problem substance, by local drugs task force (LDTF) area of residence (NDTRS 2002–2007)

| LDTF, or other, area of residence | Number | % |
|---|---|---|
| All new cases | 4840 | 100.0 |
| North Inner City | 346 | 7.1 |
| Clondalkin | 284 | 5.9 |
| Dublin North East | 270 | 5.6 |
| Tallaght | 261 | 5.4 |
| Dun Laoghaire–Rathdown | 241 | 5.0 |
| South Inner City | 239 | 4.9 |
| Finglas–Cabra | 181 | 3.7 |
| Ballymun | 158 | 3.3 |
| Blanchardstown | 127 | 2.6 |
| Ballyfermot | 126 | 2.6 |
| Dublin 12 | 101 | 2.1 |
| Canal Communities | 85 | 1.8 |
| Bray | 62 | 1.3 |
| Rest of Dublin | 706 | 14.6 |
| Outside Dublin (excluding Bray) | 1653 | 34.2 |

* Excludes cases not normally resident in Ireland.

In order to adjust for variation in population size by geographical area, the incidence of treated opiate use in each area was calculated using the annual average number of new cases for the six-year period living in each of the 10 regional drugs task force areas, 26 counties and 32 local health office areas; this average was divided by the population aged 15–64 years living in the respective regional drugs task force areas and counties, using the census figures for 2002 and 2006 and CSO estimated figures for 2007, and for local health office areas using CSO estimated figures for 2007 only CSO (2007, 2008).

Between 2002 and 2007, the average annual incidence of new cases treated for opiates as their main problem substance was highest in the North Dublin City and County RDTF area (at 60 cases per 100,000 of the 15–64-year-old population), followed by the South West RDTF area (Kildare and parts of Dublin and Wicklow) (at 50 cases), and the Midland RDTF area (at 35 cases) (Figure 3). The North West RDTF area had the lowest incidence, at four cases per 100,000, indicating one or both of the following: lower rates of opiate use in this area than in the rest of Ireland, or lower access to or uptake of appropriate treatment services. The former is the most likely explanation.

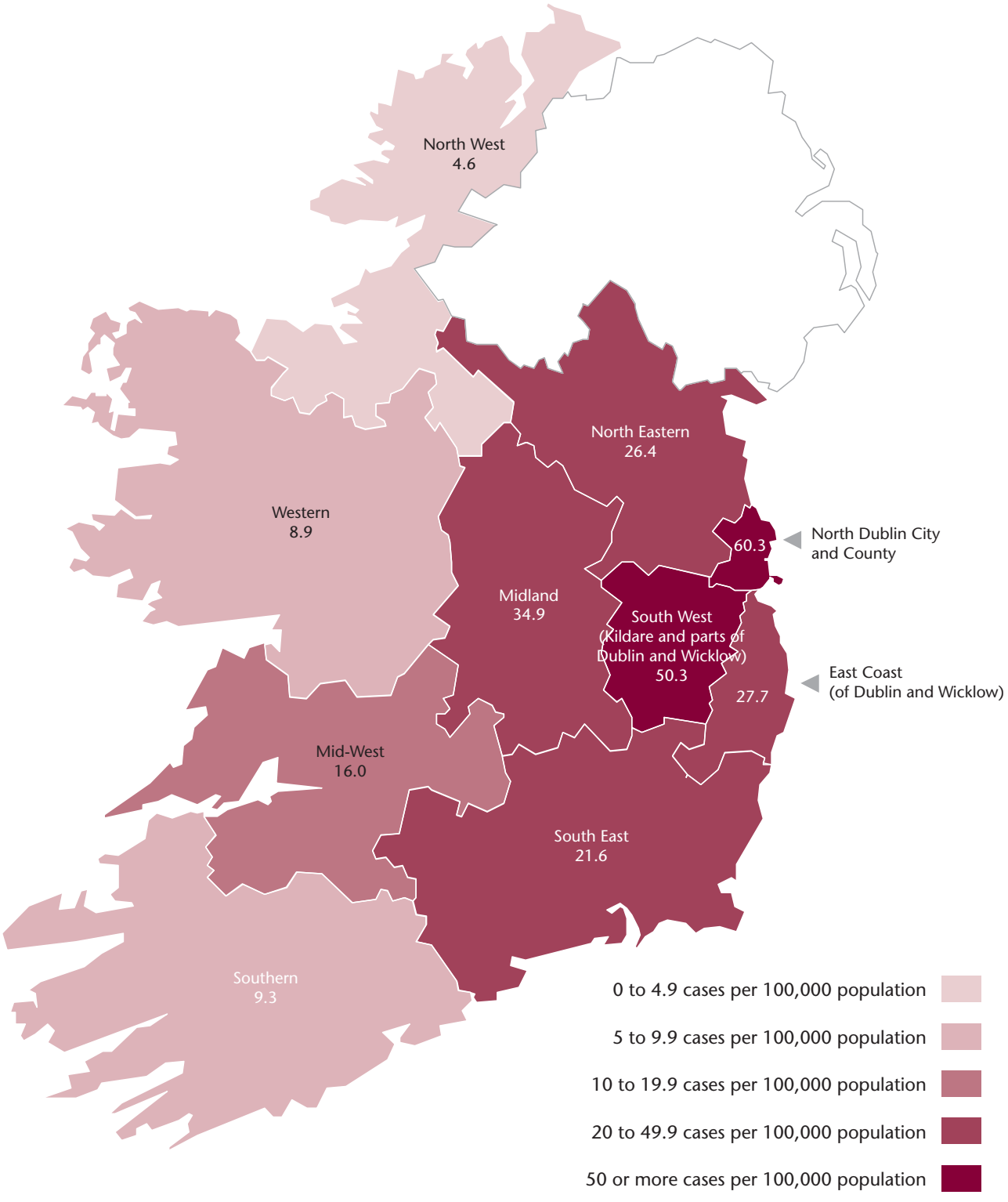



**Figure 3** Average annual incidence of cases treated for opiates as their main problem substance, by regional drugs task force area of residence, per 100,000 of the 15–64-year-old population (NDTRS 2002–2007; CSO 2007, 2008)

Data presented by county indicate that the highest numbers of new cases reporting opiates as their main problem substance between 2002 and 2007 lived in Dublin, and the lowest numbers lived in Leitrim, Sligo and Monaghan (Table 10).

**Table 10** New cases entering treatment* who reported opiates as their main problem substance, by county of residence (NDTRS 2002–2007)

| County of residence | Number | % |
|---|---|---|
| All new cases | 4840 | 100.0 |
| Dublin | 2767 | 57.2 |
| Cork | 206 | 4.3 |
| Louth | 188 | 3.9 |
| Limerick | 171 | 3.5 |
| Kildare | 163 | 3.4 |
| Meath | 157 | 3.2 |
| Wicklow | 140 | 2.9 |
| Wexford | 124 | 2.6 |
| Laois | 123 | 2.5 |
| Westmeath | 116 | 2.4 |
| Carlow | 109 | 2.3 |
| Galway | 102 | 2.1 |
| Waterford | 94 | 1.9 |
| Offaly | 67 | 1.4 |
| Cavan | 45 | 0.9 |
| Clare | 32 | 0.7 |
| Kilkenny | 31 | 0.6 |
| Donegal | 30 | 0.6 |
| Longford | 29 | 0.6 |
| Roscommon | 29 | 0.6 |
| Tipperary (SR) | 29 | 0.6 |
| Tipperary (NR) | 25 | 0.5 |
| Kerry | 23 | 0.5 |
| Mayo | 14 | 0.3 |
| Monaghan | 9 | 0.2 |
| Sligo | 9 | 0.2 |
| Leitrim | ~ | 0.1 |
| Address in Ireland unknown | ~ | 0.1 |

* Excludes cases not normally resident in Ireland.
~ Numbers of cases less than five cannot be reported.

The average annual incidence of new cases treated for opiates as their main problem substance was examined by county for the period 2002–2007 (Figure 4). The average incidence for the period was highest in Dublin and Carlow (with over 54 cases per 100,000 of the 15–64-year-old population) followed by Laois, Louth, Westmeath, and Wicklow (with between 28 and 48 cases). The incidence was lowest in counties located mainly in the west and north-west of the country (with between 3 and 5 cases per 100,000).

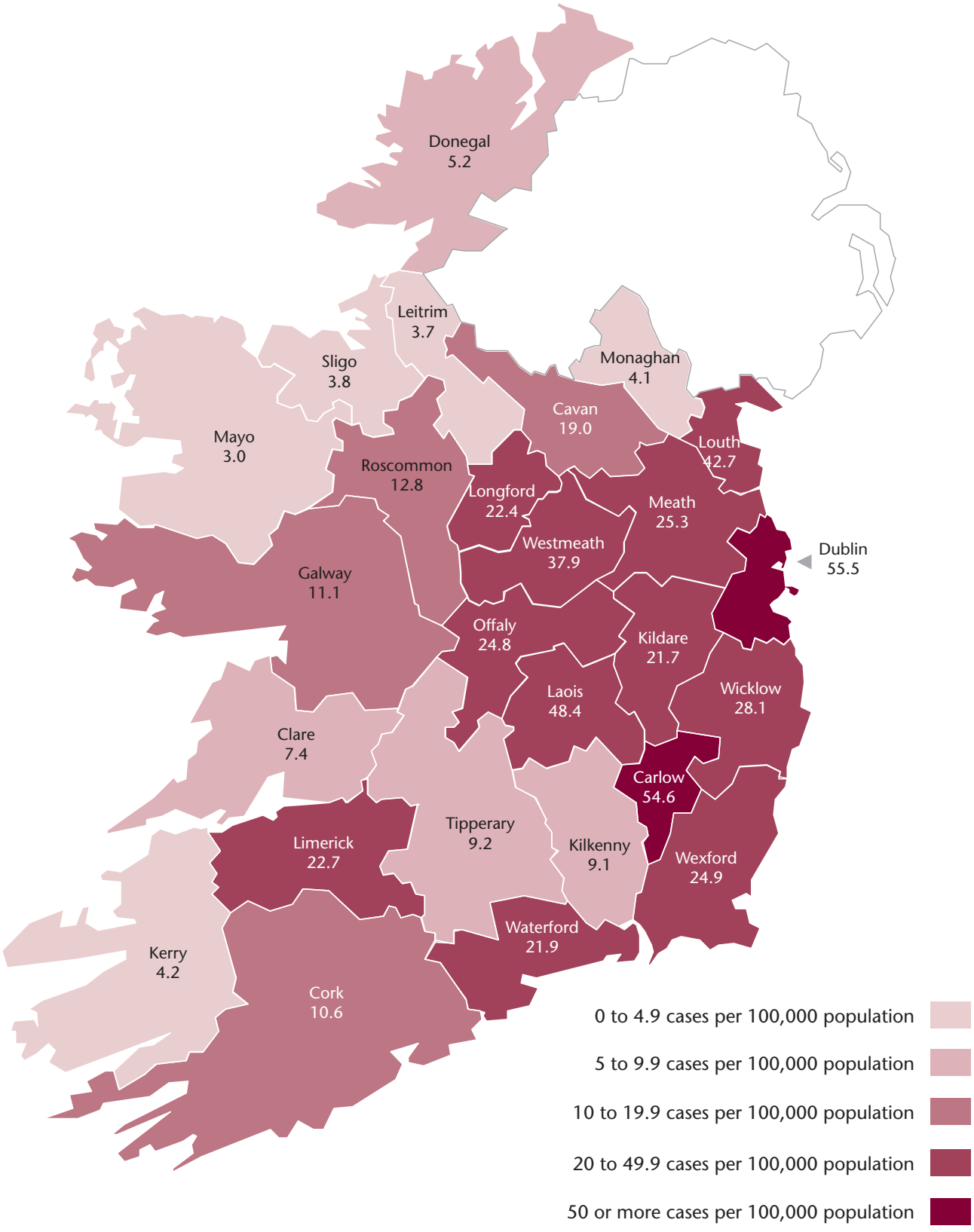



**Figure 4** Average annual incidence of cases treated for opiates as their main problem substance, by county of residence, per 100,000 of the 15–64-year-old population (NDTRS 2002–2007; CSO 2007, 2008)

The highest numbers of new cases reporting opiates as their main problem substance between 2002 and 2007 lived in Dublin West, Dublin North Central and Dublin North West local health office (LHO) areas; the lowest number lived in the Sligo/Leitrim LHO area (Table 11).

**Table 11** New cases entering treatment* who reported opiates as their main problem substance, by local health office (LHO) area of residence (NDTRS 2002–2007)

| LHO area of residence | Number | % |
|---|---|---|
| All new cases | 4840 | 100.0 |
| Dublin West | 491 | 10.1 |
| Dublin North Central | 478 | 9.9 |
| North West Dublin | 439 | 9.1 |
| North Dublin | 381 | 7.9 |
| Dublin South West | 375 | 7.7 |
| Dublin South City | 322 | 6.7 |
| Cork | 206 | 4.3 |
| Laois/Offaly | 190 | 3.9 |
| Louth | 188 | 3.9 |
| Limerick | 171 | 3.5 |
| Kildare and South West Wicklow | 167 | 3.5 |
| Dublin South | 164 | 3.4 |
| Meath | 157 | 3.2 |
| Longford/Westmeath | 145 | 3.0 |
| Carlow/Kilkenny | 140 | 2.9 |
| Wexford | 124 | 2.6 |
| Dublin South East | 117 | 2.4 |
| Wicklow (East coast) | 117 | 2.4 |
| Galway | 102 | 2.1 |
| Waterford | 94 | 1.9 |
| Cavan/Monaghan | 54 | 1.1 |
| Clare | 32 | 0.7 |
| Donegal | 30 | 0.6 |
| Roscommon | 29 | 0.6 |
| Tipperary SR | 29 | 0.6 |
| Tipperary NR | 25 | 0.5 |
| Kerry | 23 | 0.5 |
| Mayo | 14 | 0.3 |
| Sligo/Leitrim | 13 | 0.3 |
| LHO area unknown | 23 | 0.5 |

* Excludes cases not normally resident in Ireland.

The average annual incidence of new cases treated for opiates as their main problem substance was examined by LHO area of residence for the period 2002–2007 (Figure 5). The incidence was highest in Dublin North Central, Dublin West, Dublin South West, Dublin North West, and Dublin South City areas (with over 50 cases per 100,000 of the 15–64-year-old population), followed by Louth, Dublin North, Laois/ Offaly, Dublin South and Longford/ Westmeath areas (with over 30 cases). The incidence was lowest in the LHO areas located mainly in the west and north-west of the country (with between 3 and 5 cases).

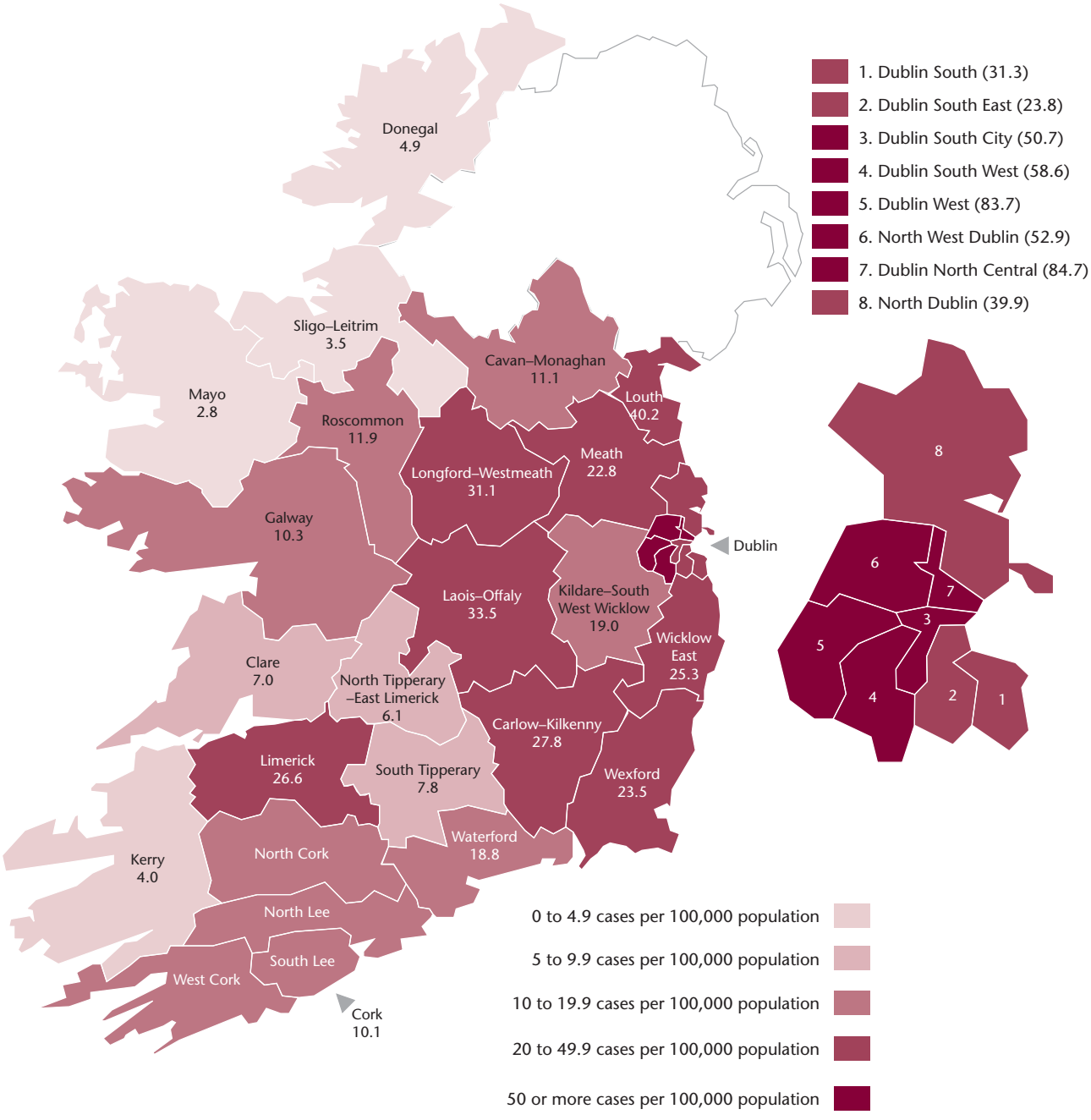



**Figure 5** Average annual incidence of cases treated for opiates as their main problem substance, by local health office (LHO) area, per 100,000 of the 15–64-year-old population (NDTRS 2002–2007; CSO 2007, 2008)

## Main problem substance where opiates were an additional problem substance

In 2007 the main problem substances associated with opiates as an additional problem substance were other opiates (56%) and, to a lesser extent, alcohol (16%) and cocaine (12%) (Table 12).

**Table 12** Main problem substance used by cases entering treatment* who reported opiates as an additional problem substance (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cases reporting opiates as an additional problem substance | 713 | | 685 | | 789 | | 755 | | 771 | | 757 | |
| **Main problem substance** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| Other opiates | 587 | (82.3) | 545 | (79.6) | 543 | (68.8) | 556 | (73.6) | 565 | (73.3) | 437 | (57.7) |
| Alcohol | n.a.† | | n.a.† | | 98 | (12.4) | 85 | (11.3) | 84 | (10.9) | 124 | (16.4) |
| Cocaine | 24 | (3.4) | 57 | (8.3) | 67 | (8.5) | 62 | (8.2) | 62 | (8.0) | 91 | (12.0) |
| Cannabis | 67 | (9.4) | 52 | (7.6) | 32 | (4.1) | 31 | (4.1) | 36 | (4.7) | 44 | (5.8) |
| Benzodiazepines | 19 | (2.7) | 16 | (2.3) | 39 | (4.9) | 16 | (2.1) | 21 | (2.7) | 43 | (5.7) |
| Ecstasy | 7 | (1.0) | 8 | (1.2) | 5 | (0.6) | 4 | (0.5) | 2 | (0.3) | 6 | (0.8) |
| Amphetamines | 1 | (0.1) | 3 | (0.4) | 1 | (0.1) | 0 | (0.0) | 1 | (0.1) | 5 | (0.7) |
| Volatile inhalants | 0 | (0.0) | 1 | (0.1) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 4 | (0.5) |
| Other | 8 | (1.1) | 3 | (0.4) | 4 | (0.5) | 1 | (0.1) | 0 | (0.0) | 3 | (0.4) |

* Excludes cases not normally resident in Ireland.
† Not available: the NDTRS did not record alcohol as a main problem substance prior to 2004.

## Additional problem substances where an opiate was the main problem substance

The proportion of cases treated for opiates as their main problem substance who reported use of more than one substance decreased from 69% in 2002 to 63% in 2007 (Table 13). The decrease in polysubstance use was observed among both new and previously treated opiate cases, but was more marked among the new cases. The reason for the decrease is not clear; it may be the result of an increase in the number of newer opiate users who have yet to develop chronic polysubstance-using practices, or improved history-taking by service providers. Polysubstance use is one of the factors that can impede successful treatment for problem opiate use. Specific interventions are required to address this problem.

**Table 13** Polysubstance use by cases entering treatment* who reported opiates as their main problem substance, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| All cases | 3077 | | 3029 | | 2863 | | 3094 | | 3280 | | 3575 | |
| All cases who used more than one substance | 2114 | (68.7) | 2139 | (70.6) | 1932 | (67.5) | 2120 | (68.5) | 2261 | (68.9) | 2239 | (62.6) |
| Previously treated cases | 2181 | | 2190 | | 2108 | | 2281 | | 2237 | | 2404 | |
| Previously treated cases who used more than one substance | 1500 | (68.8) | 1532 | (70.0) | 1449 | (68.7) | 1566 | (68.7) | 1559 | (69.7) | 1555 | (64.7) |
| New cases | 761 | | 759 | | 654 | | 722 | | 912 | | 1032 | |
| New cases who used more than one substance | 540 | (71.0) | 557 | (73.4) | 424 | (64.8) | 492 | (68.1) | 608 | (66.7) | 613 | (59.4) |
| Treatment status unknown | 42 | | 29 | | 40 | | 37 | | 54 | | 50 | |

* Excludes cases not normally resident in Ireland.

Of the cases who entered treatment in 2007 and reported opiates as their main problem substance, 26% reported problem use of two substances, 21% of three substances and 16% of four or more substances (Table 14). During the period under review, when opiate cases reported use of an additional problem substance they most commonly reported one additional substance as part of their current problem substance use. The trends were similar for previously treated and new cases.

**Table 14** Number of problem substances used by cases entering treatment* who reported opiates as their main problem substance, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Number of problem substances used** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| All cases | 3077 | | 3029 | | 2863 | | 3094 | | 3280 | | 3575 | |
| One substance | 963 | (31.3) | 890 | (29.4) | 931 | (32.5) | 974 | (31.5) | 1019 | (31.1) | 1336 | (37.4) |
| Two substances | 912 | (29.6) | 876 | (28.9) | 784 | (27.4) | 886 | (28.6) | 848 | (25.9) | 931 | (26.0) |
| Three substances | 678 | (22.0) | 716 | (23.6) | 713 | (24.9) | 695 | (22.5) | 736 | (22.4) | 753 | (21.1) |
| Four substances | 524 | (17.0) | 547 | (18.1) | 435 | (15.2) | 539 | (17.4) | 677 | (20.6) | 555 | (15.5) |
| Previously treated cases | 2181 | | 2190 | | 2108 | | 2281 | | 2237 | | 2404 | |
| One substance | 681 | (31.2) | 658 | (30.0) | 659 | (31.3) | 715 | (31.3) | 678 | (30.3) | 849 | (35.3) |
| Two substances | 630 | (28.9) | 643 | (29.4) | 574 | (27.2) | 647 | (28.4) | 570 | (25.5) | 647 | (26.9) |
| Three substances | 505 | (23.2) | 518 | (23.7) | 559 | (26.5) | 525 | (23.0) | 515 | (23.0) | 524 | (21.8) |
| Four substances | 365 | (16.7) | 371 | (16.9) | 316 | (15.0) | 394 | (17.3) | 474 | (21.2) | 384 | (16.0) |
| New cases | 761 | | 759 | | 654 | | 722 | | 912 | | 1032 | |
| One substance | 221 | (29.0) | 202 | (26.6) | 230 | (35.2) | 230 | (31.9) | 304 | (33.3) | 419 | (40.6) |
| Two substances | 242 | (31.8) | 219 | (28.9) | 184 | (28.1) | 216 | (29.9) | 248 | (27.2) | 249 | (24.1) |
| Three substances | 161 | (21.2) | 187 | (24.6) | 132 | (20.2) | 147 | (20.4) | 183 | (20.1) | 205 | (19.9) |
| Four substances | 137 | (18.0) | 151 | (19.9) | 108 | (16.5) | 129 | (17.9) | 177 | (19.4) | 159 | (15.4) |
| Treatment status unknown | 42 | | 29 | | 40 | | 37 | | 54 | | 50 | |

* Excludes cases not normally resident in Ireland.

Table 15 shows the additional problem substances used by cases entering treatment who reported opiates as their main problem substance. Cannabis, benzodiazepines and cocaine were the most common additional problem substances reported between 2002 and 2007. Cannabis was top of this list in each of the six years. Benzodiazepines was the second most common additional substance between 2002 and 2005, but was replaced by cocaine in 2006 and 2007. The number reporting cocaine as an additional problem substance increased by 59% over the period. The number reporting alcohol as an additional problem substance increased by 250%. These trends were similar among previously treated and new opiate cases.

**Table 15** Additional problem substances used by cases entering treatment* who reported opiates as their main problem substance, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Additional problem substances used†** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| All cases | 2114 | | 2138 | | 1932 | | 2120 | | 2261 | | 2239 | |
| Cannabis | 1075 | (50.9) | 1115 | (52.2) | 934 | (48.3) | 1060 | (50.0) | 1194 | (52.8) | 1106 | (49.4) |
| Benzodiazepines | 1005 | (47.5) | 909 | (42.5) | 785 | (40.6) | 875 | (41.3) | 936 | (41.4) | 788 | (35.2) |
| Cocaine | 609 | (28.8) | 782 | (36.6) | 752 | (38.9) | 811 | (38.3) | 966 | (42.7) | 969 | (43.3) |
| Opiates‡ | 598 | (28.3) | 559 | (26.1) | 550 | (28.5) | 560 | (26.4) | 572 | (25.3) | 443 | (19.8) |
| Alcohol | 153 | (7.2) | 246 | (11.5) | 245 | (12.7) | 332 | (15.7) | 457 | (20.2) | 536 | (23.9) |
| Ecstasy | 255 | (12.1) | 225 | (10.5) | 152 | (7.9) | 169 | (8.0) | 134 | (5.9) | 140 | (6.3) |
| Amphetamines | 59 | (2.8) | 47 | (2.2) | 31 | (1.6) | 23 | (1.1) | 40 | (1.8) | 45 | (2.0) |
| Volatile inhalants | 10 | (0.5) | 6 | (0.3) | 7 | (0.4) | 6 | (0.3) | 4 | (0.2) | 6 | (0.3) |
| Other substances | 57 | (2.7) | 48 | (2.2) | 49 | (2.5) | 45 | (2.1) | 37 | (1.6) | 50 | (2.2) |
| Previously treated cases | 1500 | | 1531 | | 1449 | | 1566 | | 1559 | | 1555 | |
| Cannabis | 722 | (48.1) | 733 | (47.9) | 670 | (46.2) | 748 | (47.8) | 794 | (50.9) | 727 | (46.8) |
| Cocaine | 424 | (28.3) | 549 | (35.9) | 556 | (38.4) | 625 | (39.9) | 708 | (45.4) | 697 | (44.8) |
| Benzodiazepines | 782 | (52.1) | 726 | (47.4) | 630 | (43.5) | 698 | (44.6) | 716 | (45.9) | 596 | (38.3) |
| Opiates‡ | 445 | (29.7) | 391 | (25.5) | 451 | (31.1) | 435 | (27.8) | 394 | (25.3) | 334 | (21.5) |
| Alcohol | 112 | (7.5) | 185 | (12.1) | 169 | (11.7) | 216 | (13.8) | 279 | (17.9) | 324 | (20.8) |
| Ecstasy | 157 | (10.5) | 134 | (8.8) | 98 | (6.8) | 103 | (6.6) | 78 | (5.0) | 88 | (5.7) |
| Amphetamines | 39 | (2.6) | 27 | (1.8) | 16 | (1.1) | 14 | (0.9) | 24 | (1.5) | 28 | (1.8) |
| Volatile inhalants | 5 | (0.3) | 4 | (0.3) | 6 | (0.4) | 2 | (0.1) | 3 | (0.2) | 3 | (0.2) |
| Other substances | 36 | (2.4) | 34 | (2.2) | 36 | (2.5) | 30 | (1.9) | 20 | (1.3) | 35 | (2.3) |
| New cases | 540 | | 557 | | 424 | | 492 | | 608 | | 613 | |
| Cannabis | 314 | (58.1) | 343 | (61.6) | 244 | (57.5) | 277 | (56.3) | 340 | (55.9) | 342 | (55.8) |
| Cocaine | 156 | (28.9) | 211 | (37.9) | 175 | (41.3) | 167 | (33.9) | 205 | (33.7) | 247 | (40.3) |
| Benzodiazepines | 195 | (36.1) | 160 | (28.7) | 127 | (30.0) | 152 | (30.9) | 201 | (33.1) | 177 | (28.9) |
| Opiates‡ | 140 | (25.9) | 145 | (26.0) | 83 | (19.6) | 107 | (21.7) | 140 | (23.0) | 97 | (15.8) |
| Alcohol | 37 | (6.9) | 58 | (10.4) | 67 | (15.8) | 106 | (21.5) | 167 | (27.5) | 186 | (30.3) |
| Ecstasy | 88 | (16.3) | 90 | (16.2) | 50 | (11.8) | 60 | (12.2) | 56 | (9.2) | 49 | (8.0) |
| Amphetamines | 18 | (3.3) | 20 | (3.6) | 15 | (3.5) | 9 | (1.8) | 14 | (2.3) | 17 | (2.8) |
| Volatile inhalants | 4 | (0.7) | 2 | (0.4) | 1 | (0.2) | 2 | (0.4) | 1 | (0.2) | 2 | (0.3) |
| Other substances | 18 | (3.3) | 14 | (2.5) | 8 | (1.9) | 13 | (2.6) | 16 | (2.6) | 15 | (2.4) |
| Treatment status unknown | 74 | | 50 | | 59 | | 62 | | 94 | | 71 | |

* Excludes cases not normally resident in Ireland.
† By cases reporting use of one, two or three additional substances
‡ Cases may report one type of opiate as their main problem substance and another type of opiate as an additional problem substance.

## Opiate-using behaviours

Of the 3,575 cases who entered treatment and reported opiates as their main problem substance in 2007, 52% smoked it, 40% injected it, and 5% consumed it orally (Table 16). From 2003 to 2007, decreasing proportions of cases reported injecting as their primary route of administration, while correspondingly increasing proportions reported smoking as their primary route. Similar trends were noted among new and previously treated opiate cases. Overall, the proportion of injectors was higher among previously treated cases than among new cases, although it decreased by 13% between 2002 and 2007, which may be partly explained by the fact that older opiate users with seriously damaged veins revert to smoking opiates.

**Table 16** Route of administration for cases entering treatment* who reported opiates as their main problem substance, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| All cases | 3077 | | 3029 | | 2863 | | 3094 | | 3280 | | 3575 | |
| Inject | 1647 | (53.5) | 1650 | (54.5) | 1345 | (47.0) | 1410 | (45.6) | 1350 | (41.2) | 1424 | (39.8) |
| Smoke | 1172 | (38.1) | 1139 | (37.6) | 1185 | (41.4) | 1359 | (43.9) | 1681 | (51.3) | 1847 | (51.7) |
| Eat or drink | 151 | (4.9) | 166 | (5.5) | 199 | (7.0) | 219 | (7.1) | 175 | (5.3) | 184 | (5.1) |
| Sniff or snort | 16 | (0.5) | 1 | (0.0) | 3 | (0.1) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) |
| Other | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 1 | (0.0) |
| Not recorded | 91 | (3.0) | 73 | (2.4) | 131 | (4.6) | 106 | (3.4) | 74 | (2.3) | 119 | (3.3) |
| Previously treated cases | 2181 | | 2190 | | 2108 | | 2281 | | 2237 | | 2404 | |
| Inject | 1299 | (59.6) | 1272 | (58.1) | 1071 | (50.8) | 1150 | (50.4) | 1072 | (47.9) | 1121 | (46.6) |
| Smoke | 681 | (31.2) | 731 | (33.4) | 777 | (36.9) | 891 | (39.1) | 1013 | (45.3) | 1107 | (46.0) |
| Eat or drink | 126 | (5.8) | 125 | (5.7) | 160 | (7.6) | 152 | (6.7) | 95 | (4.2) | 116 | (4.8) |
| Sniff or snort | 9 | (0.4) | 0 | (0.0) | 2 | (0.1) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) |
| Not recorded | 66 | (3.0) | 62 | (2.8) | 98 | (4.6) | 88 | (3.9) | 57 | (2.5) | 60 | (2.5) |
| New cases | 761 | | 759 | | 654 | | 722 | | 912 | | 1032 | |
| Inject | 292 | (38.4) | 342 | (45.1) | 225 | (34.4) | 222 | (30.7) | 233 | (25.5) | 266 | (25.8) |
| Smoke | 433 | (56.9) | 377 | (49.7) | 377 | (57.6) | 429 | (59.4) | 600 | (65.8) | 674 | (65.3) |
| Eat or drink | 23 | (3.0) | 37 | (4.9) | 36 | (5.5) | 60 | (8.3) | 69 | (7.6) | 63 | (6.1) |
| Sniff or snort | 7 | (0.9) | 1 | (0.1) | 1 | (0.2) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) |
| Other | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 1 | (0.1) |
| Not recorded | 6 | (0.8) | 2 | (0.3) | 15 | (2.3) | 11 | (1.5) | 10 | (1.1) | 28 | (2.7) |
| Treatment status unknown | 42 | | 29 | | 40 | | 37 | | 54 | | 50 | |

* Excludes cases not normally resident in Ireland.

From 2002 to 2007, decreasing proportions of cases living in Dublin reported injecting as their primary route of administration, while correspondingly increasing proportions reported smoking opiates (Figure 6). Overall, the number of cases who reported injecting decreased by 26%, while smoking increased by 24%. In 2007 just over one-quarter of new opiate cases living in Dublin injected the drug.

The majority of new opiate cases living outside Dublin smoked the drug (Figure 7). The proportion of injectors decreased between 2002 and 2007. During the initial years of the emerging opiate epidemic outside Dublin, the limited treatment services prioritised the more serious cases, that is, those injecting opiates. As services expanded during the acute phase of the epidemic, treatment places became available for a larger number of opiate users and the newer users were attracted into treatment at an earlier stage in their opiate-using career, while still smoking their opiate of choice.

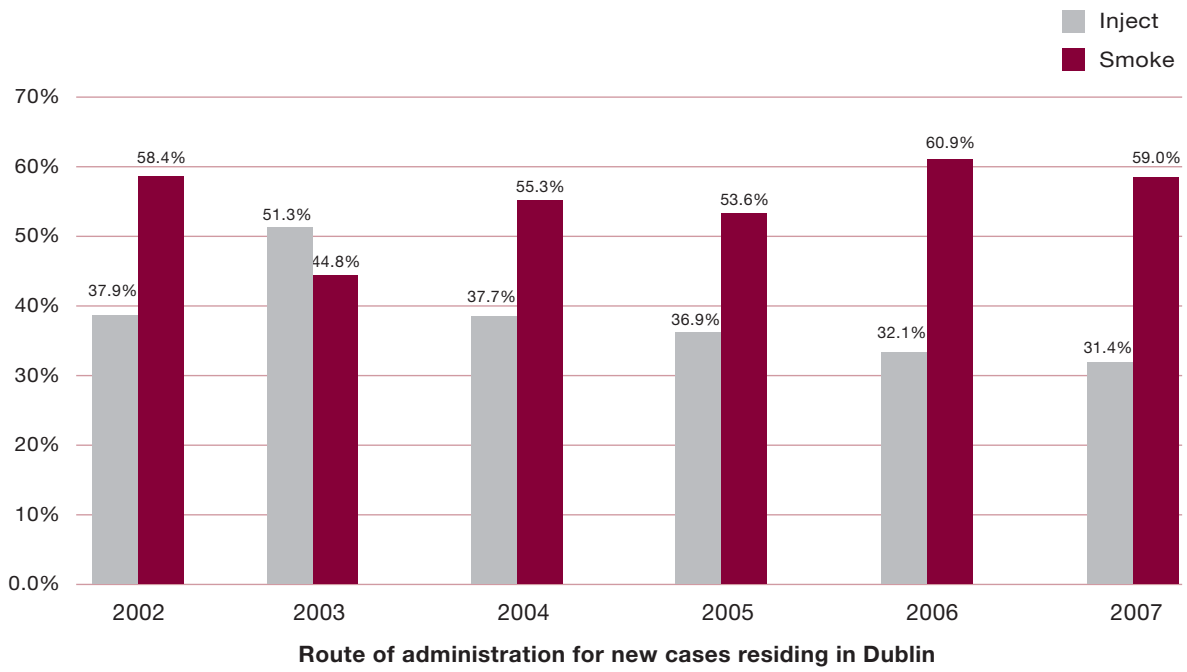



**Figure 6** Route of administration for new cases living in Dublin who reported opiates as their main problem substance (NDTRS 2002–2007)

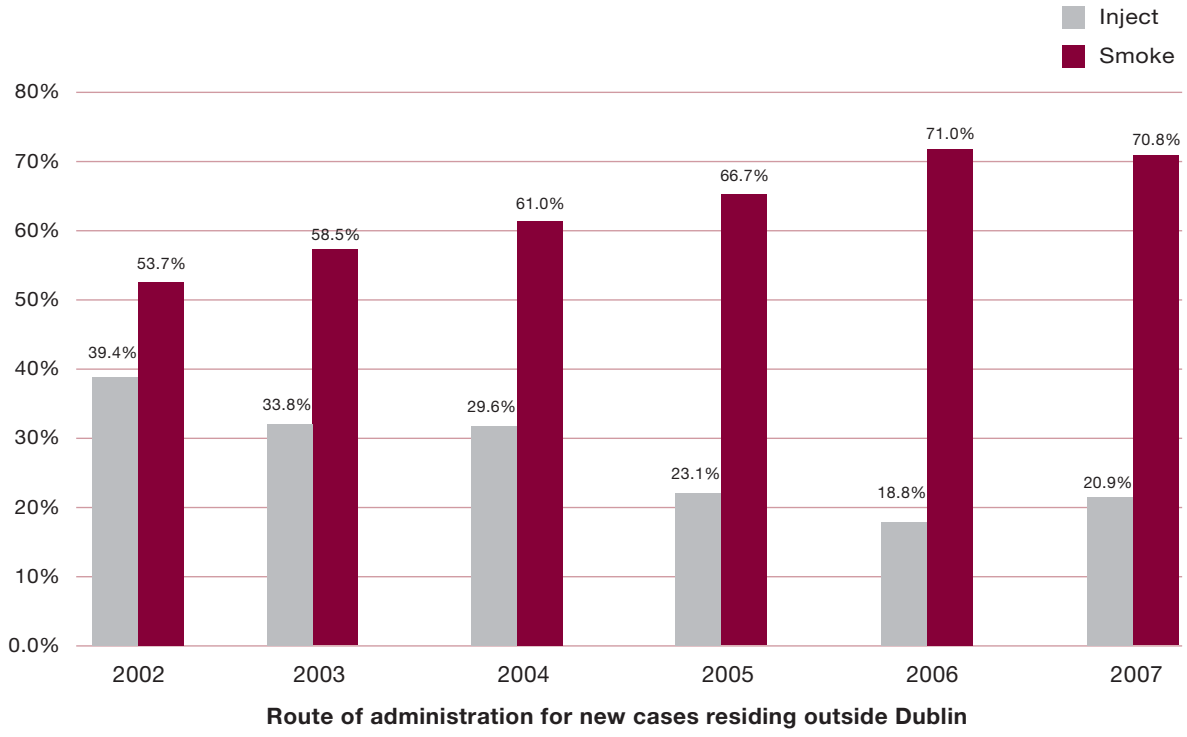



**Figure 7** Route of administration for new cases living outside Dublin who reported opiates as their main problem substance (NDTRS 2002–2007)

Of the 3,575 cases who entered treatment in 2007 and reported opiates as their main problem substance, 54% used it daily, 10% used it on two to six days per week, 6% used it once per week or less and 25% had not used it in the month prior to entering treatment (Table 17). The proportion of daily users was much higher among new cases (70%) than among previously treated cases (48%). There was a 26% increase in the proportion of cases reporting daily use of opiates during the reporting period; the number of new cases reporting daily use increased by 36%.

**Table 17** Frequency of opiate use in the month prior to entering treatment by cases* who reported opiates as their main problem substance, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| All cases | 3077 | | 3029 | | 2863 | | 3094 | | 3280 | | 3575 | |
| Daily | 1533 | (49.8) | 1511 | (49.9) | 1520 | (53.1) | 1585 | (51.2) | 1776 | (54.1) | 1939 | (54.2) |
| 2–6 days per week | 246 | (8.0) | 291 | (9.6) | 225 | (7.9) | 248 | (8.0) | 329 | (10.0) | 349 | (9.8) |
| Once a week or less | 225 | (7.3) | 219 | (7.2) | 145 | (5.1) | 197 | (6.4) | 245 | (7.5) | 223 | (6.2) |
| No use in the last month | 818 | (26.6) | 826 | (27.3) | 698 | (24.4) | 864 | (27.9) | 781 | (23.8) | 899 | (25.1) |
| Not known | 255 | (8.3) | 182 | (6.0) | 275 | (9.6) | 200 | (6.5) | 149 | (4.5) | 165 | (4.6) |
| Previously treated cases | 2181 | | 2190 | | 2108 | | 2281 | | 2237 | | 2404 | |
| Daily | 939 | (43.1) | 944 | (43.1) | 1002 | (47.5) | 1036 | (45.4) | 1108 | (49.5) | 1145 | (47.6) |
| 2–6 days per week | 163 | (7.5) | 210 | (9.6) | 153 | (7.3) | 163 | (7.1) | 211 | (9.4) | 236 | (9.8) |
| Once a week or less | 172 | (7.9) | 173 | (7.9) | 126 | (6.0) | 164 | (7.2) | 173 | (7.7) | 183 | (7.6) |
| No use in the last month | 726 | (33.3) | 717 | (32.7) | 609 | (28.9) | 749 | (32.8) | 648 | (29.0) | 740 | (30.8) |
| Not known | 181 | (8.3) | 146 | (6.7) | 218 | (10.3) | 169 | (7.4) | 97 | (4.3) | 100 | (4.2) |
| New cases | 761 | | 759 | | 654 | | 722 | | 912 | | 1032 | |
| Daily | 533 | (70.0) | 535 | (70.5) | 474 | (72.5) | 507 | (70.2) | 609 | (66.8) | 724 | (70.2) |
| 2–6 days per week | 71 | (9.3) | 71 | (9.4) | 63 | (9.6) | 75 | (10.4) | 99 | (10.9) | 102 | (9.9) |
| Once a week or less | 48 | (6.3) | 43 | (5.7) | 17 | (2.6) | 31 | (4.3) | 57 | (6.3) | 35 | (3.4) |
| No use in the last month | 75 | (9.9) | 86 | (11.3) | 68 | (10.4) | 92 | (12.7) | 108 | (11.8) | 143 | (13.9) |
| Not known | 34 | (4.5) | 24 | (3.2) | 32 | (4.9) | 17 | (2.4) | 39 | (4.3) | 28 | (2.7) |
| Treatment status unknown | 42 | | 29 | | 40 | | 37 | | 54 | | 50 | |

* Excludes cases not normally resident in Ireland.

Between 2002 and 2007, the median age at which new opiate cases commenced illicit use of drugs was 15 years (Table 18). The median age at which new cases commenced opiate use was 19 years. Half of the new opiate cases had used opiates for five years or more before seeking treatment. These findings indicate that opiate cases tended to use other drugs prior to commencing opiate use and that they used one or more opiates for a considerable period before seeking treatment. The median age at which new cases commenced injecting was 20 years. In the interval between commencing opiate use and seeking treatment, a significant minority of opiate users change from smoking to injecting opiates, and may subsequently contract blood-borne viruses, such as hepatitis C, indicating the need for proactive interventions to bring opiate users into treatment earlier.

**Table 18** Median age (range†) at significant points, and time in years between first use of opiates and first seeking treatment, for new cases who reported opiates as their main problem substance (NDTRS 2002–2007)

| New cases (n=4840) | Age first used any drug (n=4335) | Age first used opiates (n=4440) | Age first injected (n=2080) | Age first sought treatment (n=4831) | Years between first use of opiates and first seeking treatment (n=4440) |
|---|---|---|---|---|---|
| Median age/time (range†) in years | 15 (11–25) | 19 (14–33) | 20 (15–32) | 26 (18–41) | 5 (1–7) |

* Excludes cases not normally resident in Ireland.
† Age range presented is 5th percentile to 95th percentile (90% of cases are included within this range).

## Socio-demographic characteristics

The median age of previously treated cases entering treatment for opiates as their main problem substance increased from 26 to 29 years between 2002 and 2007, while the median age of new cases increased from 24 to 27 years (Table 19). In 2007, almost 3% of new cases were under 18 years of age, while less than 1% of previously treated cases were in this age group. The proportion of new cases aged under 18 years increased between 2006 and 2007, which possibly reflects the increase in adolescent treatment services and their compliance with the NDTRS. In 2007, 73% of cases entering treatment for opiates as their main problem substance were male; only 13% were employed, a considerable decrease when compared to the figure of 21% in 2002. In 2007, the proportion of opiate cases who reported leaving school early was higher among previously treated cases (26%) than among new cases (21%). During the period under review, very few opiate cases aged under 18 reported that they were still at school. One in twenty of the opiate cases entering treatment each year reported being homeless.

**Table 19** Socio–economic characteristics of cases entering treatment* who reported opiates as their main problem substance, by treatment status (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Characteristics of cases†** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| All cases | 3077 | | 3029 | | 2863 | | 3094 | | 3280 | | 3575 | |
| Median age (range‡) | 26 | (19 – 40) | 26 | (19 – 41) | 27 | (20 – 41) | 28 | (20 – 42) | 28 | (20 – 43) | 29 | (20 – 43) |
| Under 18 years | 61 | (2.0) | 24 | (0.8) | 23 | (0.8) | 28 | (0.9) | 38 | (1.2) | 40 | (1.1) |
| Male | 2099 | (68.2) | 2056 | (67.9) | 1985 | (69.3) | 2149 | (69.5) | 2391 | (72.9) | 2609 | (73.0) |
| Living with parents/family | 1649 | (53.6) | 1529 | (50.5) | 1341 | (46.8) | 1400 | (45.2) | 1547 | (47.2) | 1583 | (44.3) |
| Homeless | 91 | (3.0) | 146 | (4.8) | 153 | (5.3) | 171 | (5.5) | 182 | (5.5) | 196 | (5.5) |
| Non-Irish nationals | 81 | (2.6) | 99 | (3.3) | 72 | (2.5) | 103 | (3.3) | 142 | (4.3) | 170 | (4.8) |
| Early school leavers | 686 | (22.3) | 712 | (23.5) | 666 | (23.3) | 754 | (24.4) | 779 | (23.8) | 875 | (24.5) |
| Still at school | 8 | (0.3) | 12 | (0.4) | ~ | | 6 | (0.2) | 10 | (0.3) | 12 | (0.3) |
| Employed (aged 16–64) | 636 | (20.9) | 550 | (18.2) | 503 | (17.6) | 517 | (16.7) | 549 | (16.8) | 475 | (13.3) |
| Previously treated cases | 2181 | | 2190 | | 2108 | | 2281 | | 2237 | | 2404 | |
| Median age (range‡) | 26 | (19 – 40) | 27 | (20 – 41) | 27 | (20 – 40) | 29 | (21 – 42) | 29 | (21 – 43) | 29 | (21 – 43) |
| Under 18 years | 27 | (1.2) | 8 | (0.4) | 7 | (0.3) | 11 | (0.5) | 17 | (0.8) | 11 | (0.5) |
| Male | 1483 | (68.0) | 1487 | (67.9) | 1455 | (69.0) | 1581 | (69.3) | 1630 | (72.9) | 1758 | (73.1) |
| Living with parents/family | 1152 | (52.8) | 1111 | (50.7) | 994 | (47.2) | 1036 | (45.4) | 1058 | (47.3) | 1044 | (43.4) |
| Homeless | 61 | (2.8) | 101 | (4.6) | 119 | (5.6) | 133 | (5.8) | 124 | (5.5) | 145 | (6.0) |
| Non-Irish nationals | 51 | (2.3) | 64 | (2.9) | 55 | (2.6) | 54 | (2.4) | 77 | (3.4) | 114 | (4.7) |
| Early school leavers | 502 | (23.0) | 514 | (23.5) | 514 | (24.4) | 584 | (25.6) | 564 | (25.2) | 633 | (26.3) |
| Still at school | ~ | | ~ | | ~ | | ~ | | ~ | | ~ | |
| Employed (aged 16–64) | 443 | (20.5) | 397 | (18.2) | 337 | (16.0) | 351 | (15.4) | 333 | (14.9) | 271 | (11.3) |
| New cases | 761 | | 759 | | 654 | | 722 | | 912 | | 1032 | |
| Median age (range‡) | 24 | (18 – 38) | 25 | (18 - 41) | 25 | (18 - 40) | 27 | (19 – 41) | 27 | (19 – 42) | 27 | (18 – 44) |
| Under 18 years | 32 | (4.2) | 16 | (2.1) | 16 | (2.4) | 17 | (2.4) | 18 | (2.0) | 27 | (2.6) |
| Male | 520 | (68.3) | 515 | (67.9) | 460 | (70.3) | 504 | (69.8) | 673 | (73.8) | 736 | (71.3) |
| Living with parents/family | 442 | (58.1) | 394 | (51.9) | 305 | (46.6) | 323 | (44.7) | 425 | (46.6) | 470 | (45.5) |
| Homeless | 26 | (3.4) | 39 | (5.1) | 26 | (4.0) | 32 | (4.4) | 54 | (5.9) | 42 | (4.1) |
| Non-Irish nationals | 21 | (2.8) | 33 | (4.3) | 14 | (2.1) | 47 | (6.5) | 58 | (6.4) | 51 | (4.9) |
| Early school leavers | 165 | (21.7) | 185 | (24.4) | 134 | (20.5) | 149 | (20.6) | 182 | (20.0) | 219 | (21.2) |
| Still at school | ~ | | 9 | (1.2) | ~ | | ~ | | 7 | (0.8) | 8 | (0.8) |
| Employed (aged 16–64) | 168 | (22.4) | 140 | (18.5) | 150 | (23.0) | 154 | (21.4) | 197 | (21.7) | 178 | (17.3) |
| Treatment status unknown | 42 | | 29 | | 40 | | 37 | | 54 | | 50 | |

* Excludes cases not normally resident in Ireland.
† It is not possible to ascertain the percentage with each characteristic of interest from the total number because not all forms had complete data.
‡ Age range presented is 5th percentile to 95th percentile (90% of cases are included within this range).
~ Numbers of cases less than five cannot be reported.

## Service provision

The total number of cases entering treatment and reporting opiates as a problem substance increased by 22%, from 3,203 in 2002 to 3,895 in 2007 (Table 20). In 2007 the majority (75%) of cases attended an outpatient service for treatment. The largest increase was in entries to inpatient services, where the number of cases reporting opiates as a problem substance increased by 105%, from 308 in 2002 to 631 in 2007. The number of cases entering treatment in general practice settings decreased by 34% between 2002 and 2007, which indicates that the present number of general practitioner places is inadequate, and that there is a need to expand the number of primary care practitioners involved in methadone treatment. A small proportion of opiate cases entered treatment in low-threshold settings, with the number decreasing by 45% between 2002 and 2007.

**Table 20** Cases entering treatment* who reported opiates as a problem substance, by type of service provider (NDTRS 2002–2007)

| | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All cases | 3203 | | 3169 | | 3109 | | 3293 | | 3486 | | 3895 | |
| Outpatient | 2377 | (74.2) | 2203 | (69.5) | 2101 | (67.6) | 2380 | (72.3) | 2650 | (76.0) | 2937 | (75.4) |
| Inpatient | 308 | (9.6) | 417 | (13.2) | 432 | (13.9) | 438 | (13.3) | 481 | (13.8) | 631 | (16.2) |
| Low-threshold† | 101 | (3.2) | 150 | (4.7) | 183 | (5.9) | 143 | (4.3) | 116 | (3.3) | 56 | (1.4) |
| General practitioner | 411 | (12.8) | 391 | (12.3) | 393 | (12.6) | 332 | (10.1) | 239 | (6.9) | 271 | (7.0) |
| Service type unknown‡ | 6 | (0.2) | 8 | (0.3) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) | 0 | (0.0) |

* Excludes cases not normally resident in Ireland.
† Low-threshold services are services that provide low-dose methadone or drop-in facilities only.
‡ Relevant data not recorded on the NDTRS forms returned.

## Treatment provision

It is recognised that, given the complex nature of problems associated with opiate misuse, there is no single treatment modality for problem opiate use. A broad range of services covering treatment and rehabilitation is provided throughout the country. Of the 3,575 cases entering treatment in 2007 who reported opiates as their main problem substance, 53% received counselling, 46% commenced methadone maintenance, 23% received a brief intervention, and 10% commenced a medically assisted opiate detoxification (Figure 8). Over 46% of cases received more than one initial treatment intervention (Figure 9). It is important to note that the NDTRS form records only the initial treatment provided in each case. Treatment interventions that may be provided subsequently are not recorded. In recent years there has been an increase in the types of intervention provided and a greater emphasis on brief intervention, counselling (including cognitive behaviour therapy), family therapy, aftercare and social re-integration.

In 2007 the NDTRS introduced a form to measure immediate outcomes. The form records all treatment interventions received by a client during a treatment episode, along with details of their treatment outcome at the time of discharge or transfer to another service.

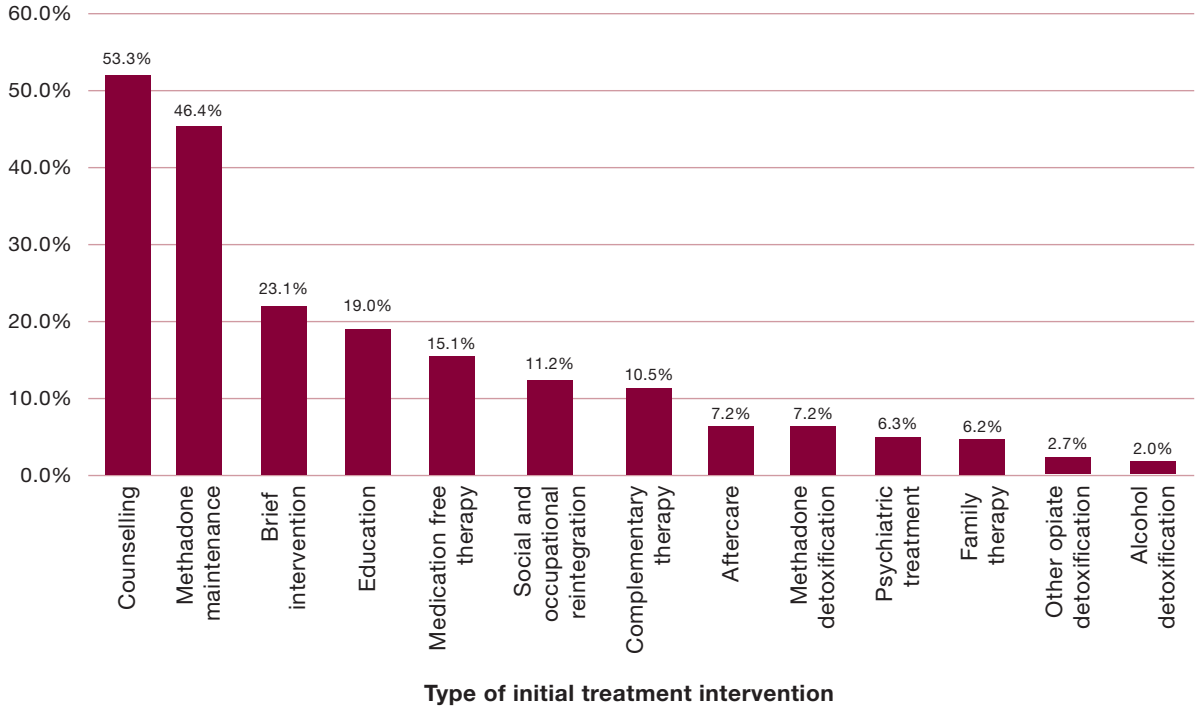



**Figure 8** Percentage of cases entering treatment who reported opiates as their main problem substance, by type of initial treatment intervention availed of (NDTRS 2007)

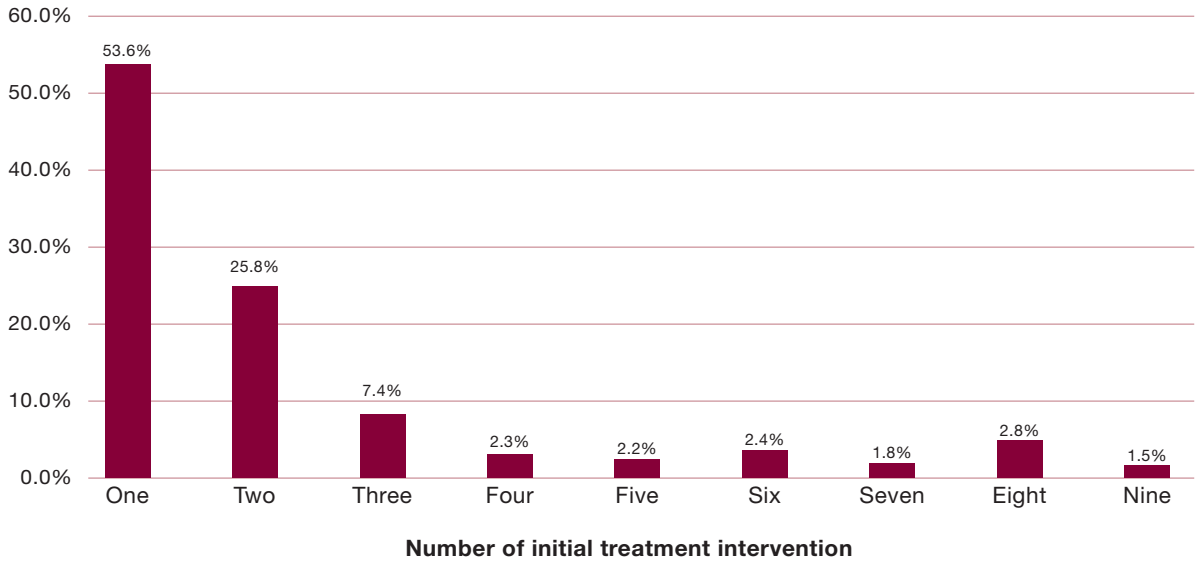



**Figure 9** Percentage of cases entering treatment who reported opiates as their main problem substance, by the number of treatment interventions availed of (NDTRS 2007)

# Conclusions

Alcohol, followed by opiates and cocaine, three substances with high harm indicators, are the most common substances of dependence in Ireland. The analysis presented in this paper was undertaken to inform policy making and service planning in relation to opiate treatment. Three out of every five people entering treatment use an opiate as their main problem substance. The increase in the number of new opiate cases is an indicator of an increase in problem opiate use among the general population; this is particularly evident in counties outside Dublin. The increase in the total number of opiate cases treated is an indicator of an increase in service provision for opiate users and an increase in compliance with the reporting system.

The data presented in this paper show significant increases in the number of opiate cases presenting to drug treatment services between 2002 and 2007. While problem opiate use is predominantly a Dublin issue, every county in Ireland was represented in the treatment data for the reporting period.

A total of 11,392 cases were treated for problem opiate (mainly heroin) use in 2007. The number of cases who reported an opiate as a problem substance increased by 29%, from 8,804 in 2002 to 11,392 in 2007. The increase in cases receiving opiate treatment was in line with increases in heroin seizures in 2005 and 2006, and in heroin-related deaths in 2004 and 2005. The larger increases in new opiate cases occurred mainly outside Dublin, particularly in the north eastern, midland and south eastern counties. New opiate cases generally used other drugs before they started using opiates, and they used opiates for a considerable period before seeking treatment. The vast majority of new cases treated between 2002 and 2007 reported problem use of more than one substance (polysubstance use), which is a major challenge facing drug services.

From 2003 to 2007, decreasing proportions of cases reported injecting as their primary route of administration, while correspondingly increasing proportions reported smoking opiates. This indicates that the transmission of blood-borne viruses will be reduced among this cohort. The majority of cases who reported an opiate as their main problem substance used it daily, indicating the addictive nature of the drug.

In general, problem opiate users are young and male, have low levels of education and are unlikely to be employed. This profile highlights the importance of personal development and educational and employment opportunities as part of the drug treatment and reintegration process. A variety of effective interventions is provided to opiate cases. Findings from the ROSIE study indicate that the main achievements of clients in the first year of opiate treatment were reductions in drug use and in drug-related crime, while the most significant achievements between one and three years were in the areas of housing, training and employment.

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